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PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875								Application or Docket Number Filing Date 10/629,403 Filing Date 07/28/2003			To be Mailed	
APPLICATION AS FILED – PART I (Column 1) (Column 2)								SMALL	ENTITY	OR		HER THAN
FOR NL			NUMBER FI	LED	NUMBER EXTRA			RATE (\$)	FEE (\$)		RATE (\$)	FEE (\$)
×	BASIC FEE (37 CFR 1.16(a), (b),	or (c))	N/A		N/A			N/A		]	N/A	750
SEARCH FEE (37 CFR 1.16(k), (i), or (m))			N/A		N/A			N/A			N/A	0
(37 CFR 1.16(a), (p), or (q))			N/A		N/A			N/A			N/A	0
TOTAL CLAIMS (37 CFR 1.16(i))			minus 20 =		•		П	x \$ =		OR	x \$ =	
INDEPENDENT CLAIMS (37 CFR 1.16(h))				minus 3 = *				x \$ =			x \$ =	
	APPLICATION SIZE 37 CFR 1.16(s))	FEE is	If the specification and draw sheets of paper, the applica- is \$250 (\$125 for small entit additional 50 sheets or fracti 35 U.S.C. 41(a)(1)(G) and 3			size fee due or each thereof. See						
ш	MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(j))											
* If	* If the difference in column 1 is less than zero, enter "0" in column 2.							TOTAL		J	TOTAL	750
APPLICATION AS AMENDED – PART II  (Column 1) (Column 2) (Column 3)								OTHER THAN SMALL ENTITY OR SMALL ENTITY				
AMENDMENT	03/11/2009	CLAIMS REMAINING AFTER AMENDME		HIGHEST NUMBER PREVIOUSLY PAID FOR		PRESENT EXTRA		RATE (\$)	ADDITIONAL FEE (\$)		RATE (\$)	ADDITIONAL FEE (\$)
	Total (37 CFR 1.16(i))	• 44	Minus	·· 46		= 0	П	x \$ =		OR	X \$52=	0
	Independent (37 CFR 1.16(h))	• 6	Minus	···7		= 0	П	x \$ =		OR	X \$220=	0
₹	Application Size Fee (37 CFR 1.16(s))											
_	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))									OR		
								TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE	0
ᆫ		(Column 1		(Column 2	_	(Column 3)						
AMENDMENT		CLAIMS REMAININ AFTER AMENDME	IG	HIGHEST NUMBER PREVIOUS PAID FOR	R SLY	PRESENT EXTRA		RATE (\$)	ADDITIONAL FEE (\$)		RATE (\$)	ADDITIONAL FEE (\$)
	Total (37 CFR 1.1801)		Minus	**		-	П	x \$ =		OR	x \$ =	
	Independent (37 CFR 1.16(h))		Minus	***	$\neg$	-	П	x \$ =		OR	x s =	
	Application Size Fee (37 CFR 1.16(s))						П			1		
AM	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))									OR		
Γ							• '	TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE	
** 11	"If the entry in column 1 is less than the entry in column 2, write "or in column 3.  Legal Instrument Examiner: "If the "Highest Number Previously Paid For IR THIS SPACE is less than 3, enter "20". "If the "Highest Number Previously Paid For IR THIS SPACE is less than 3, enter "3". "If the "Highest Number Previously Paid For IR THIS SPACE is less than 3, enter "3".  ATINA TOBIN  ATINA TOBIN  The "Highest Number Previously Paid For IR THIS SPACE is less than 3, enter "3".											

The considerance of information is required by 37 CER. 1.16. The information is required to obtain or retain a based by the public which his lost life light by the USFTO to moceously an application. Confidentiality is ownered by 80 Sec. 22 and 37 CER. 1.16. This coldection is estimated to take 92 annuals to complete a position form to the USFTO. I mine will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or seggeousloss for reducing this burden, about the sent to the CEM information Officer. US. Patient and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 2213-1450, DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patients, P.O. Box 1450, Alexandria, VA 2213-1450.